

Effective June 15, 2017, upon approval of constitutional amendment proposed in H.J.R. 37.

**HEALTH BENEFIT PLAN COVERAGE OF HEARING AIDS  
AND COCHLEAR IMPLANTS FOR CERTAIN INDIVIDUALS**

**CHAPTER 979**

H.B. No. 490

**AN ACT**

**relating to health benefit plan coverage of hearing aids and cochlear implants for certain individuals.**

*Be it enacted by the Legislature of the State of Texas:*

SECTION 1. Chapter 1367, Insurance Code, is amended by adding Subchapter F to read as follows:

**SUBCHAPTER F. HEARING AIDS AND COCHLEAR IMPLANTS**

**Sec. 1367.251. APPLICABILITY OF SUBCHAPTER.** (a) *This subchapter applies only to a health benefit plan, including a small employer health benefit plan written under Chapter 1501 or coverage provided through a health group cooperative under Subchapter B of that chapter, that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is offered by:*

- (1) an insurance company;*
- (2) a group hospital service corporation operating under Chapter 842;*
- (3) a fraternal benefit society operating under Chapter 885;*
- (4) a Lloyd's plan operating under Chapter 941;*
- (5) a stipulated premium insurance company operating under Chapter 884;*
- (6) a reciprocal exchange operating under Chapter 942;*
- (7) a health maintenance organization operating under Chapter 843;*
- (8) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846; or*
- (9) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844.*

*(b) This subchapter applies to coverage under a group health benefit plan described by Subsection (a) provided to a resident of this state, regardless of whether the group policy, agreement, or contract is delivered, issued for delivery, or renewed within or outside this state.*

*(c) This subchapter applies to a self-funded health benefit plan sponsored by a professional employer organization under Chapter 91, Labor Code.*

*(d) Notwithstanding Section 22.409, Business Organizations Code, or any other law, this subchapter applies to health benefits provided by or through a church benefits board under Subchapter I, Chapter 22, Business Organizations Code.*

*(e) Notwithstanding Section 75.104, Health and Safety Code, or any other law, this subchapter applies to a regional or local health care program operated under that section.*

*(f) Notwithstanding any other law, a standard health benefit plan provided under Chapter 1507 must provide the coverage required by this subchapter.*

*(g) Notwithstanding any provision in Chapter 1551, 1575, 1579, or 1601 or any other law, this subchapter applies to:*

- (1) a basic coverage plan under Chapter 1551;
- (2) a basic plan under Chapter 1575;
- (3) a primary care coverage plan under Chapter 1579; and
- (4) basic coverage under Chapter 1601.

Sec. 1367.252. *EXCEPTION. This subchapter does not apply to:*

- (1) a plan that provides coverage:
  - (A) for wages or payments in lieu of wages for a period during which an employee is absent from work because of sickness or injury;
  - (B) as a supplement to a liability insurance policy;
  - (C) for credit insurance;
  - (D) only for dental or vision care;
  - (E) only for hospital expenses; or
  - (F) only for indemnity for hospital confinement;
- (2) a Medicare supplemental policy as defined by Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);
- (3) a workers' compensation insurance policy;
- (4) medical payment insurance coverage provided under a motor vehicle insurance policy;
- (5) a long-term care policy, including a nursing home fixed indemnity policy, unless the commissioner determines that the policy provides benefit coverage so comprehensive that the policy is a health benefit plan as described by Section 1367.251; or
- (6) the state Medicaid program, including the Medicaid managed care program operated under Chapter 533, Government Code.

Sec. 1367.253. *COVERAGE REQUIRED. (a) A health benefit plan must provide coverage for the cost of a medically necessary hearing aid or cochlear implant and related services and supplies for a covered individual who is 18 years of age or younger.*

*(b) Coverage required under this section:*

*(1) must include:*

- (A) fitting and dispensing services and the provision of ear molds as necessary to maintain optimal fit of hearing aids;
- (B) any treatment related to hearing aids and cochlear implants, including coverage for habilitation and rehabilitation as necessary for educational gain; and
- (C) for a cochlear implant, an external speech processor and controller with necessary components replacement every three years; and

*(2) is limited to:*

- (A) one hearing aid in each ear every three years; and
- (B) one cochlear implant in each ear with internal replacement as medically or audilogically necessary.

*(c) Except as provided by Subsections (b) and (d), coverage required under this section:*

- (1) may not be less favorable than coverage for physical illness generally under the plan; and
- (2) must be subject to durational limits and coinsurance factors no less favorable than coverage provided for physical illness generally under the plan.

*(d) Coverage required under this section is subject to any provision that applies generally to coverage provided for durable medical equipment benefits under the plan, including a provision relating to deductibles, coinsurance, or prior authorization.*

*(e) This section does not apply to a qualified health plan defined by 45 C.F.R. Section 155.20 if a determination is made under 45 C.F.R. Section 155.170 that:*

(1) *this subchapter requires the plan to offer benefits in addition to the essential health benefits required under 42 U.S.C. Section 18022(b); and*

(2) *this state must make payments to defray the cost of the additional benefits mandated by this subchapter.*

SECTION 2. The change in law made by this Act applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2018. A health benefit plan delivered, issued for delivery, or renewed before January 1, 2018, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 3. This Act takes effect September 1, 2017.

Passed by the House on April 25, 2017: Yeas 121, Nays 21, 2 present, not voting; passed by the Senate on May 22, 2017: Yeas 27, Nays 4.

Approved June 15, 2017.

Effective September 1, 2017.

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## VOTING BY VOTERS WITH CERTAIN DISABILITIES OR VOTERS WHO RESIDE AT A RESIDENTIAL CARE FACILITY

### CHAPTER 980

H.B. No. 658

#### AN ACT

**relating to voting by voters with certain disabilities or voters who reside at a residential care facility.**

*Be it enacted by the Legislature of the State of Texas:*

SECTION 1. Chapter 63, Election Code, is amended by adding Section 63.0013 to read as follows:

Sec. 63.0013. **ACCEPTING VOTERS WITH CERTAIN DISABILITIES.** (a) *In this section, "mobility problem that substantially impairs a person's ability to ambulate" has the meaning assigned by Section 681.001, Transportation Code.*

(b) *An election officer may accept a person with a mobility problem that substantially impairs a person's ability to ambulate who is offering to vote before accepting others offering to vote at the polling place who arrived before the person.*

(c) *Notice of the priority given to persons with a mobility problem that substantially impairs a person's ability to ambulate shall be posted:*

(1) *at one or more locations in each polling place where it can be read by persons waiting to vote;*

(2) *on the Internet website of the secretary of state; and*

(3) *on each Internet website relating to elections maintained by a county.*

(d) *The notice required by Subsection (c) must read: "Pursuant to Section 63.0013, Election Code, an election officer may give voting order priority to individuals with a mobility problem that substantially impairs the person's ability to move around. A person assisting an individual with a mobility problem may also, at the individual's request, be given voting order priority. Disabilities and conditions that may qualify you for voting order priority include paralysis, lung disease, the use of portable oxygen, cardiac deficiency, severe limitation in the ability to walk due to arthritic, neurological, or orthopedic condition, wheelchair confinement, arthritis, foot disorder, the inability to walk 200 feet without stopping to rest, or use of a brace, cane, crutch, or other assistive device."*

(e) *A person assisting a voter in accordance with Section 64.032(c) may be accepted to vote concurrently with a person accepted under Subsection (b) of this section at the voter's request.*